

ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME AND ADDRESS): 	TELEPHONE: 	FOR COURT USE ONLY
ATTORNEY FOR (NAME): Insert name of court, judicial district or branch court, if any, and post office and street address: 		
PLAINTIFF: 		
DEFENDANT: 		
<input type="checkbox"/> DOES 1 TO _____		CASE NUMBER:
COMPLAINT—Personal Injury, Property Damage, Wrongful Death <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> Property Damage <input type="checkbox"/> Personal Injury </div> <div style="width: 45%;"> <input type="checkbox"/> OTHER (specify): <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other Damages (specify): </div> </div>		

1. This pleading, including attachments and exhibits, consists of the following number of pages: _____

2. a. Each plaintiff named above is a competent adult

- ☐ **Except** plaintiff (*name*):
- ☐ a corporation qualified to do business in California
 - ☐ an unincorporated entity (*describe*):
 - ☐ a public entity (*describe*):
 - ☐ a minor ☐ an adult
 - ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - ☐ other (*specify*):
 - ☐ other (*specify*):

- ☐ **Except** plaintiff (*name*):
- ☐ a corporation qualified to do business in California
 - ☐ an unincorporated entity (*describe*):
 - ☐ a public entity (*describe*):
 - ☐ a minor ☐ an adult
 - ☐ for whom a guardian or conservator of the estate or a guardian ad litem has been appointed
 - ☐ other (*specify*):
 - ☐ other (*specify*):

b. ☐ Plaintiff (*name*):
is doing business under the fictitious name of (*specify*):

and has complied with the fictitious business name laws.

c. ☐ Information about additional plaintiffs who are not competent adults is shown in
Complaint—Attachment 2c.

(Continued)

COMPLAINT—Personal Injury, Property Damage, Wrongful Death

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3. a. Each defendant named above is a natural person

☐ **Except** defendant (*name*):☐ a business organization, form unknown☐ a corporation☐ an unincorporated entity (*describe*):☐ a public entity (*describe*):☐ other (*specify*):☐ **Except** defendant (*name*):☐ a business organization, form unknown☐ a corporation☐ an unincorporated entity (*describe*):☐ a public entity (*describe*):☐ other (*specify*):☐ **Except** defendant (*name*):☐ a business organization, form unknown☐ a corporation☐ an unincorporated entity (*describe*):☐ a public entity (*describe*):☐ other (*specify*):☐ **Except** defendant (*name*):☐ a business organization, form unknown☐ a corporation☐ an unincorporated entity (*describe*):☐ a public entity (*describe*):☐ other (*specify*):

b. The true names and capacities of defendants sued as Does are unknown to plaintiff.

c. ☐ Information about additional defendants who are not natural persons is contained in Complaint—Attachment 3c.d. ☐ Defendants who are joined pursuant to Code of Civil Procedure section 382 are (*names*):4. ☐ Plaintiff is required to comply with a claims statute, **and**a. ☐ plaintiff has complied with applicable claims statutes, **or**b. ☐ plaintiff is excused from complying because (*specify*):

5. This court is the proper court because

☐ at least one defendant now resides in its jurisdictional area.☐ the principal place of business of a corporation or unincorporated association is in its jurisdictional area.☐ injury to person or damage to personal property occurred in its jurisdictional area.☐ Other (*specify*):6. ☐ The following paragraphs of this complaint are alleged on information and belief (*specify paragraph numbers*):

SHORT TITLE:	CASE NUMBER:
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COMPLAINT—Personal Injury, Property Damage, Wrongful Death (Continued)

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7. ☐ The damages claimed for wrongful death and the relationships of plaintiff to the deceased are
☐ listed in Complaint—Attachment 7 ☐ as follows:

8. Plaintiff has suffered

- | | |
|---|---|
| <input type="checkbox"/> wage loss | <input type="checkbox"/> loss of use of property |
| <input type="checkbox"/> hospital and medical expenses | <input type="checkbox"/> general damage |
| <input type="checkbox"/> property damage | <input type="checkbox"/> loss of earning capacity |
| <input type="checkbox"/> other damage (<i>specify</i>): | |

9. Relief sought in this complaint is within the jurisdiction of this court.

10. PLAINTIFF PRAYS

For judgment for costs of suit; for such relief as is fair, just, and equitable; and for

- ☐ compensatory damages
☐ (**Superior Court**) according to proof.

- ☐ (**Municipal and Justice Court**) in the amount of \$ _____
☐ other (*specify*):

11. The following causes of action are attached and the statements above apply to each: (*Each complaint must have one or more causes of action attached.*)

- ☐ Motor Vehicle
☐ General Negligence
☐ Intentional Tort
☐ Products Liability
☐ Premises Liability
☐ Other (*specify*):

.....
(Type or print name)

(Signature of plaintiff or attorney)